



A PHI Company

PART 1

DELAWARE LEVEL 1 INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection
(Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)
(Application & Conditional Agreement – to be completed prior to installation)

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: David R Dubbs
Mailing Address: 105 Lynch Farm Dr
City: Newark State: DE Zip Code: 19713
Contact Person/Authorized Agent (If other than above): _____
Mailing Address (If other than above): _____
Telephone (Daytime): 302-983-3238 (Evening): _____
Fax Number: _____ E-Mail Address (Required): bmom1954@verizon.net

Alternate Project Contact Information: (if different from Customer-Generator above)

Alternate Name: Sarah RUane - Advanced Solar Heating & Air Conditioning
Mailing Address: PO BOX 7765
City: Newark State: DE Zip Code: 19714
Telephone (Daytime): 302-731-1000 (Evening): _____
Fax Number: 302-729-1800 E-Mail Address: sruane@sunnydelaware.com

If an email is provided for your alternate contact, that contact will receive all email communications.

FACILITY INFORMATION

Facility Address: 105 Lynch Farm Dr
City: Newark State: DE Zip Code: 19713

DPL Account #: 5500 6449 650 Meter #: _____

Current Annual Energy Consumption (optional): _____ kWh

Check if this Facility (building) is, or is going to be, NEW CONSTRUCTION: ☐

Estimated Commissioning Date: 10/31/15

Energy Source: Solar PV Prime Mover: Photovoltaics

Type of Application: Initial ☒ Addition/Upgrade ☐ ¹

Initial Rating: DC Generator Total² Nameplate Rating: 7.02 (kW),
AC Inverter Total³ Rating 6000 (kW),
AC System Design Total Capacity⁴: 7.02 (kW) (kVA)

Added Rating (if upgrade): DC Generator Total Nameplate Rating: (kW),
AC Inverter Total Rating (kW),
AC System Design Total Capacity: (kW) (kVA)

Total Rating (if upgrade): DC Generator Total Nameplate Rating: (kW),
AC Inverter Total Rating (kW),
AC System Design Total Capacity: (kW) (kVA)

Generator (or PV Panel) Manufacturer, Model #⁵: Hyundai 270W

A copy of Generator nameplate and Manufacturer's Specification Sheet may also be submitted

Number of Generators (or PV Panels): 26

Type of Tracking if PV: Fixed ☒ Single Axis ☐ Double Axis ☐

Array Azimuth if PV: 170 ° Array Tilt if PV: 26 °

Shading Angles if PV at E, 120°, 150°, S, 210°, 240°, W: ° (Separate with comas)

Inverter Manufacturer⁶: Solaredge Model Number(s) of Inverter⁷: SE6000A-US

Number of Inverters⁸: 1 Inverter Type: Forced Commutated ☐ Line Commutated ☐

Ampere Rating: 30 Amps_{AC}, Number of Phases: ☒ 1 ☐ 3

Nominal Voltage Rating: 240 V_{AC}, Nominal DC Voltage: 200 V_{DC},

Power Factor: 98 %, Frequency: 50 Hz, Efficiency: 98 (%)

DPL Taggable, Lockable, Accessible Disconnect⁹: ☒ Yes ☐ No,

If Yes, Location: by meter

One-line Diagram Attached (Required): ☒ Yes ☐ No,

Site Plan Attached (Required): ☒ Yes ☐ No

Do you plan to export power?¹⁰ ☒ Yes ☐ No, If Yes, Estimated Maximum: 30/day kW_{AC}

Estimated Gross Annual Energy Production: 8263 kWh

Is the inverter IEEE/UL1741 lab certified? Yes ☒ No ☐

(If yes, attach manufacturer's cut sheet showing listing and label information from the appropriate listing authority, e.g. UL 1741 listing. If no, facility is not eligible for Level 1 Application.)

¹ Initial if first time generator request. Addition/Upgrade if this is an add-on to a previously approved system.

² Sum of all generators or PV Panels

³ Sum of all inverters

⁴ This will be your system design capacity based upon your unique system variables.

⁵ If more than one type, please list all manufactures and model numbers.

⁶ If more than one manufacture, please list all.

⁷ If more than one model number, please list all.

⁸ Attach additional sheets as necessary in the event of multiple inverters of various types/sizes

⁹ This is strongly recommended by the utility. Best practice is to have an externally accessible, lockable, disconnect with visible open/close connection and to have appropriate signage on the disconnect, such as 'Solar PV AC Disconnect' (preferably red) and on the meter housing 'Caution, Solar Electric System' (preferably yellow). If the disconnect is not in the immediate vicinity of the meter, please include the disconnect location on the meter signage. This enables the utility and first responders to more quickly deal with an emergency situation.

¹⁰ Yes, if your expected maximum output of the inverter (kW AC) is greater than the lowest load you anticipate at your facility during maximum PV output (kW). The difference would be the amount you may export.

EQUIPMENT INSTALLATION CONTRACTOROwner (Customer) Installed: ☐ Yes ☒ NoContractor Name: Advanced Solar Heating & Air ConditioningMailing Address: PO BOX 7765City: Newark State: DE Zip Code: 19714Telephone (Daytime): 302-731-1000 (Evening): _____Fax Number: 302-729-1800 E-Mail Address (Required): sruane@sunnydelaware.com**ELECTRICAL CONTRACTOR**Electrical Contractor Name: Chappe SaxtonMailing Address: PO BOX 670City: Bear State: DE Zip Code: 19701Telephone (Daytime): 302-559-3321 (Evening): _____Fax Number: _____ E-Mail Address: csaxton.compasselectric@gmail.comLicense number: T1-00005260 Active License? Yes ☒ No ☐Is small generator facility eligible for Net Metering? Yes ☒ No ☐**INSURANCE DISCLOSURE**

The attached terms and conditions contain provisions related to liability and indemnification, and should be carefully considered by the interconnection customer. The interconnection customer is not required to obtain general liability insurance coverage as a precondition for interconnection approval; however, the interconnection customer is advised to consider obtaining appropriate insurance coverage to cover the interconnection customer's potential liability under this agreement.

CUSTOMER SIGNATURE

I hereby certify that: 1) I have read and understand the terms and conditions which are attached hereto by reference and are a part of this Agreement; 2) I hereby agree to comply with the attached terms and conditions; and 3) to the best of my knowledge, all of the information provided in this application request form is complete and true. I consent to permit the PSC and interconnecting utility to exchange information regarding the generating system to which this application applies.

Interconnection Customer Signature: David Dubbs Date: 10/08/15Printed Name: David Dubbs Title: homeowner



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PART 2

DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection
(Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)
(Final Agreement – must be completed after installation and prior to interconnection)

Certificate of Completion¹¹

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: David Dubbs
Mailing Address: 105 Lynch Farm Dr
City: Newark State: DE Zip Code: 19713
Telephone (Daytime): 302-983-3238 (Evening): _____
Fax Number: _____ E-Mail Address: bmom1954@verizon.net

FACILITY INFORMATION

Facility Address: 105 Lynch Farm Dr
City: Newark State: DE Zip Code: 19713
DPL Account #: 5500 6449 650 Meter #: _____
Energy Source: Solar PV Prime Mover: _____
Inverter Type: Forced Commutated ☒ Line Commutated ☐
Number of Inverters: 1
Inverter Manufacturer: Solaredge Model Number(s) of Inverter: SE6000A-US

Rating DC Generator Total¹² Nameplate Rating: 7.02 (kW),
AC Inverter Total¹³ Rating 6000 (kW),
AC System Design Total Capacity¹⁴: 7.02 (kW) _____ (kVA)

Generator (or PV Panel) Manufacturer, Model #¹⁵: Hyundai 270W

¹¹ Information entered here on Certificate of Completion (Part 2) must match part 1

¹² Sum of all generators or PV Panels

¹³ Sum of all inverters

¹⁴ This will be your system design capacity based upon your unique system variables.

¹⁵ If more than one type, please list all manufactures and model numbers.

EQUIPMENT INSTALLATION CONTRACTOROwner (Customer) Installed: ☐ Yes ☐ NoContractor Name: Advanced SolarMailing Address: PO BOX 7765City: NewarkState: DEZip Code: 19714Telephone (Daytime): 302-731-1000

(Evening): _____

Fax Number: 302-729-1800E-Mail Address: sruane@sunnydelaware.com**FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE**

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.

Signed: David R DubbsDate 1/21/16

(Signature of interconnection customer)

Printed Name: David R DubbsCheck if copy of signed electric inspection form is attached ☒**ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only)**

The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:

Electric Distribution Company waives Witness Test? (Initial) Yes HC No ()

If not waived, date of successful Witness Test: _____ Passed: (Initial) ()

EDC Signature: [Signature]

2016.02.09 17:07:28 -05'00'

Date: 2/9/2016Printed Name: Harry CabellTitle: Acct Coordinator

EAGLE INSPECTION AGENCY, LLC
57 MATTHEWS ROAD, NEWARK, DE 19713-2555
DIRECT PHONE: 302-379-3635 OFFICE & FAX: 302-368-1312

CERTIFICATE OF APPROVAL
FOR
FIRE/SAFETY INSPECTION

THIS CERTIFICATE OF APPROVAL IS FOR ELECTRICAL INSPECTION
OF THE BELOW LISTED PERSONS OR BUSINESS DESIRING APPROVAL
FOR THE BUILDING OR PREMISES DESCRIBED.

Compass Electric LLC
Charles P. Saxton, Jr., Master License #T1-0005260, Exp. 6/30/16

FOR

Dave Dubbs, 105 Lynch Farm Drive, Todd Estates, Newark, DE 19713

THIS CERTIFICATE OF APPROVAL FOR ELECTRICAL INSTALLATIONS
CONSTITUTES APPROVAL OF WIRES AND EQUIPMENT INSPECTED TO DATE.
IF ANY ALTERATIONS ARE MADE TO THE EXISTING SYSTEM, A NEW
APPLICATION FOR INSPECTION SHALL BE SUBMITTED TO THIS AGENCY.

TYPE OF INSPECTION

Final inspection for 7.02 kW solar array and equipment wiring and connections

THE ABOVE WIRING AND EQUIPMENT HAVE BEEN INSPECTED AND ARE
IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE [NEC]
AND THE NATIONAL FIRE PROTECTION ADMINISTRATION [NFPA].

NOT AN EQUIPMENT GUARANTEE

INSPECTED BY: John Graden
JOHN C. GRADEN, INSPECTOR
License No. T6-0000113

DATE OF FINAL INSPECTION: January 30, 2016